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FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT **AS FILED** DEP. DEP. DEP. IND. IND. IND. IND. DEP. TOTAL IND. TOTAL DEP. TOTAL DEP. Sept. All Sept. * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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